## ANNUAL REPORT OF OPERATIONS FOR YEAR \_\_\_\_\_ January 1st to December 31st, 2015

Idaho Fish Processors Permit

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I. Facility Name:		NPDES # IDG-	NPDES # IDG-132001		
Clear Springs Foods F					
Operator Name (Per		Phone: (208) !	543-3462		
	gs Foods, Inc.				
Address:			Fax: (208) 543-4146		
	1581-A Clear Lake Grade	E-Mail: randy.	E-Mail: randy.macmillan@clearsprings.com		
	BUHL, ID 83316				
Owner Name :	A	Phone: (208) !	Phone: (208) 543-3462		
(if different from Ope					
II. Annual Production	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	rocessed in the year 0 pour	nds		
III. Noncompliance S		to the state of the second state of the second			
<b>b</b>	dates of noncompliance, the reasons f	or such incident, and the steps	taken to correct the		
problem. Attach ada.	itional pages, if necessary.				
	Provillant	O Desir Chilipped			
	•	Has Been Shuttered			
	inere were no per	lods of noncompliance in 2015			
	nt Practices (BMP) Plan				
BMP Plan has been i	•	X Yes	No		
BMP Plan fulfills the requirements set forth in the permit: X Yes No					
Summarize changes in the BMP Plan since last annual report:					
No changes in the BMP Plan.					
	of solids and/or irrigation with wastew	ater			
Attach Maps of Appl	ication Sites . (Note: IDAPA 58.01.02.650	requires IDEQ approval for solids di	sposal on land)		
Date	Location and Acreage of Application	Solids Applied in	Wastewater Applied		
Date	Location and Acreage of Application	Cubic Yards or Pounds	in Gallons		
		<u> </u>			
	Facility Has Been Shuttered		No Solids Land Applied		
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VI. Chemical Usage (including pesticides and drugs)					
Chemical	Date or # days used		Maximum concentration in effluent (actual or estimated)		
No Chemicals Used			Facility Has Been Shuttered		
VII. Inspections and Repairs for Wastewater Treatment Systems					
Date Inspected	Date Repaired		Description of system inspected and/or repaired		
None		Facility Has Been Shuttered			
VIII. Signature & Certification "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system					
designed to assure the qualifi manage the system, or those	ied personnel properly gatho persons directly responsible n aware that there are signif	er and evaluat for gathering	were prepared under my direction or supervision in accordance with a system ted the Information submitted. Based on my inquiry of the person or persons who if the Information, submitted is, to the best of my knowledge and belief, true, is for submitting false information, including the possibility of fine and		
Signature: Oh R. Was Mill			Title/Company: Vice President/ Clear Springs Foods, Inc.		
Print Name: John R. MacMillan			Date: 01/13/2016		